OASIS CERTIFICATE AND COMPETENCY BOARD, INC.
COS-C Exam Application

Please provide the following information. Please print clearly. If you should have any questions, call the OCCB at 337-560-9676. If you wish to pay with a credit card, please fill in this form and fax to 337-560-9606. If you wish to pay by check, mail the completed form and a check to: OCCB, Inc. 223 East Main Street   New Iberia, LA. 70560

You may also register online at www.oasiscertificate.org
Mail-in and online registrations and payment must be received 2 weeks prior to the exam date.

Indicate the COS-C exam offering for which you are registering	City: State: Exam Date:
Name (as you would like it to appear on your certificate)	
Agency/Company Name	
Street Address (where you would like your test result mailed)	
City, State, Zip code	
Phone Number/Fax Number	
E-mail Address	
Estimate the number of OASIS assessments (all time points) that you have conducted during the past 12 months:	☐ >400 (more than 8 assessments per week) ☐ 250-400 (5 to 8 assessments per week) ☐ 100-249 (2 to <5 assessments per week) ☐ 10-99 (less than 2 assessments per week) ☐ 1-9 total assessments in the past 12 months ☐ I have not conducted an OASIS assessment in the past 12 months ☐ I have never conducted an OASIS assessment
What is your primary role related to OASIS?	☐ Data collector in the field ☐ Auditor of OASIS assessments ☐ Educator/trainer/consultant ☐ Researcher ☐ CMS contractor (i.e. OEC, OAC, QIO, surveyor) ☐ User of OASIS-based reports/data for quality/compliance/reimbursement functions ☐ Other, (specify) _____
Please indicate discipline	☐ RN ☐ PT ☐ ST ☐ OT ☐ Other_____
Are you a member of your State Home Care Association?	☐ No ☐ Yes, which association:
Select your registration rate, based on state association membership	**Initial Examination** ☐ Member $250.00 ☐ Non-Member $300.00	**COS-C Renewal Examination** Member Non-Member ☐ $200.00 ☐ $250.00 City & State where initial COS-C exam was taken: _____ (Reduced Renewal fee only applicable if renewal exam is taken before 3 year anniversary date of passing last exam.)

Type of Credit Card	☐ Visa ☐ MasterCard ☐ Am Ex
Credit Card Number	
Expiration Date _____/_____	3 or 4 Digit Security Code:
Total to be billed to this card	☐$200.00 ☐ $250.00 ☐ $300.00
Card Holder's Name	
Signature / Date	

02.07